

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/519907**

FILING DATE

**Winston Alvarado**

**National Stage Processing**

**Persuader Specialist**

**(720) 305-6421**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4			/				54						
5				2			55						
6				2			56						
7				2			57						
8				2			58						
9				2			59						
10				2			60						
11				2			61						
12				2			62						
13				2			63						
14				2			64						
15			/				65						
16				/			66						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	20	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			36				TOTAL CLAIMS						